

Health Enhancement Program: Evaluation Summary

The Health Enhancement Program (HEP) replicates research-based interventions to improve the health and functioning of older adults with chronic conditions and to reduce unnecessary medical care utilization.. The goals for HEP are:

- 1) To increase access of older adults who face limitations in their activities of daily living to quality health promotion programs;
- 2) To improve health and functioning and reduce medical costs for at-risk older adults in King County;
- 3) To offer a low-cost, high-quality, comprehensive system of health promotion programs.

The original HEP efficacy trial published in the *Journal of the American Geriatrics Society* (Leveille SG, Wagner EH, Davis C et al. Preventing disability and managing chronic illness in frail older adults: A randomized trial of a community-based partnership with primary care. *Journal of the American Geriatric Society* 1998, 46:1191-1198) found that HEP prevented functional decline and reduced hospitalizations.

During 1997 and 1998, Elizabeth Phelan, PhD from the University of Washington Health Promotion Center (HPRC) conducted an evaluation of the effectiveness of HEP during its dissemination phase. Researchers used a within-group, pre-test-posttest design for the study. The *Journal of the American Geriatrics Society* published the study results. See <http://www.ingentaconnect.com/content/bsc/jgs/2002/00000050/00000009/art50407>.

Fourteen senior centers and 304 adults aged 65 and older participated in the study. Researchers collected data on participant characteristics and satisfaction, risk factors for disability, change in health and functional status, and healthcare use during the year of enrollment; participant satisfaction. Overall results from the study were very positive:

The percentage of participants found to be depressed decreased (28% at time of enrollment vs 17% at 1-year follow-up, $P = .005$). The percentage of physically inactive participants decreased (56% vs 38%, $P = .001$). Physical activity level and exercise readiness improved (Physician-based Assessment and Counseling for Exercise mean score 4.3 vs 5.1, $P = .001$). At follow-up, 83% rated their health the same as or better than a year ago, compared with 73% at time of enrollment. The proportion with impaired functional status, as measured by bed days and restricted activity days, stayed the same. The proportion hospitalized remained stable (23% at enrollment and follow-up, $P = 1.0$).